

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Doris Lona Adkins

Town *Snow Hill* County *Worcester* MARYLAND

Died at

Date of death *1908* Month *Feb.* Day *14* Age *2* Years Months *3* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Bradley Adkins* Father's Birthplace *Maryland*

Mother's Maiden Name *Alice Tilghman* Mother's Birthplace *Maryland*

Name of person giving information *Bradley Adkins* How related to deceased *Father*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary *Obstruction of Bowel* How long *5 days*

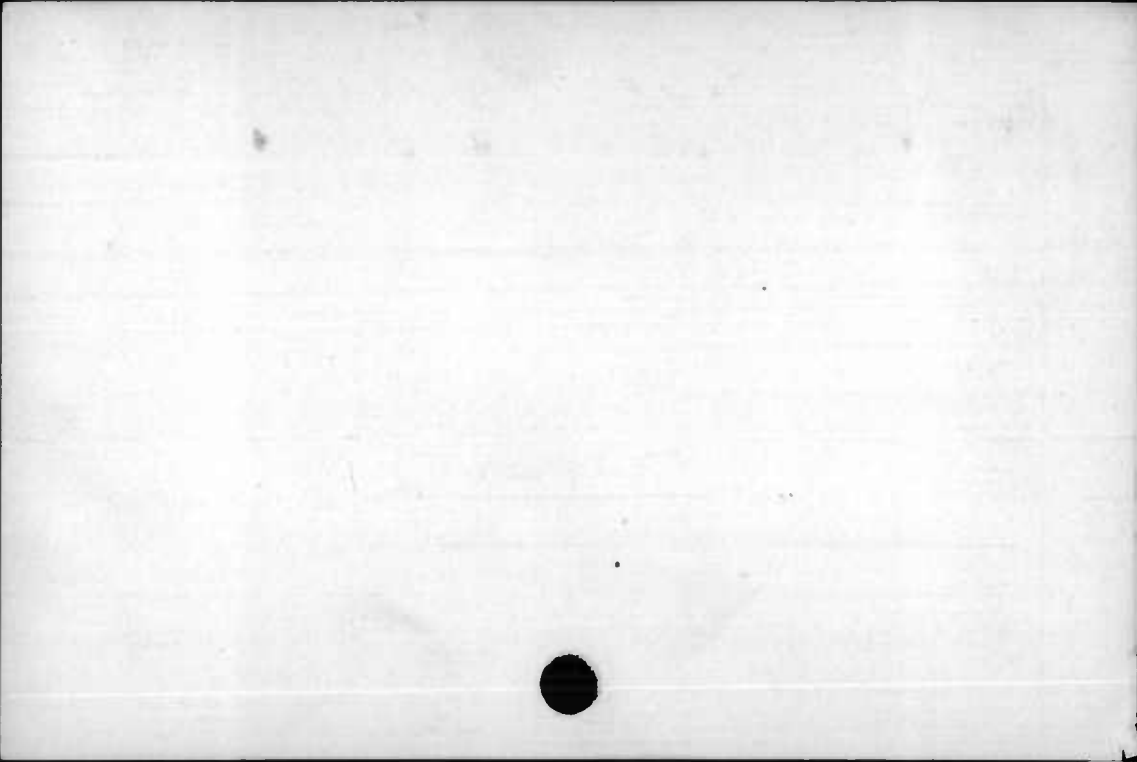
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *Paul Jones*

Address *Snow Hill Md*

Accident or Suicide? _____



Name
In
Full

CERTIFICATE OF DEATH

Bessie G Anderson

MARYLAND

Died at Stockton Town

Worcester County

Date of death 1908 Feb Month

3 Day

Age five Years

one Months

26 Days

Sex female

Color or Race col

Birth-place Linden Del

Occupation

Where Residing if not at place of death

Selbyville

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Lawrence L Anderson

Father's Birthplace Delaware

Mother's Maiden Name Lulla Anderson

Mother's Birthplace Delaware

Name of person giving information Lawrence L Anderson

How related to deceased Father

CAUSES OF DEATH

10

Primary

Influenza

How long

4 days

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. D. Dickerson

Address

Stockton

Worcester Mass.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

Harold Babcock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

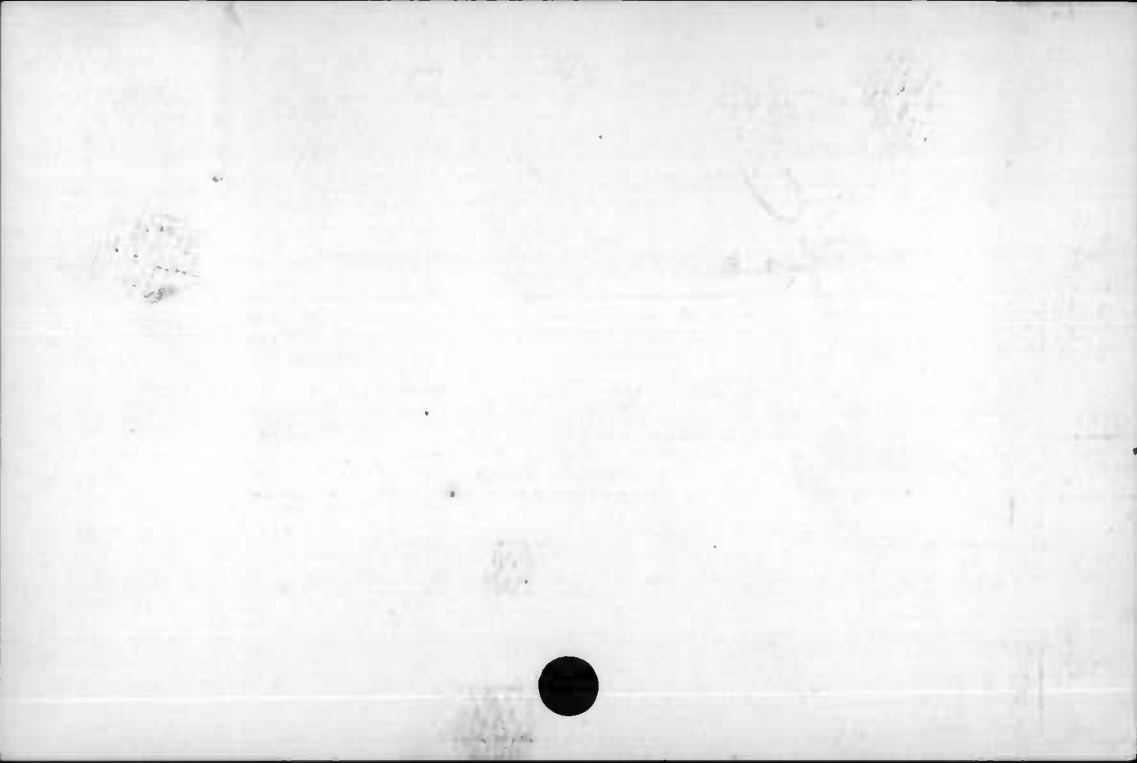
Died at		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1908	Month	2	Day	5	Age	Years 12 Months — Days —
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>N.Y.</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Daniel Babcock</i>					Father's Birthplace	<i>N.Y.</i>
Mother's Maiden Name	<i>Julia Babcock</i>					Mother's Birthplace	<i>N.Y.</i>
Name of person giving information	<i>E. W. Wier</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

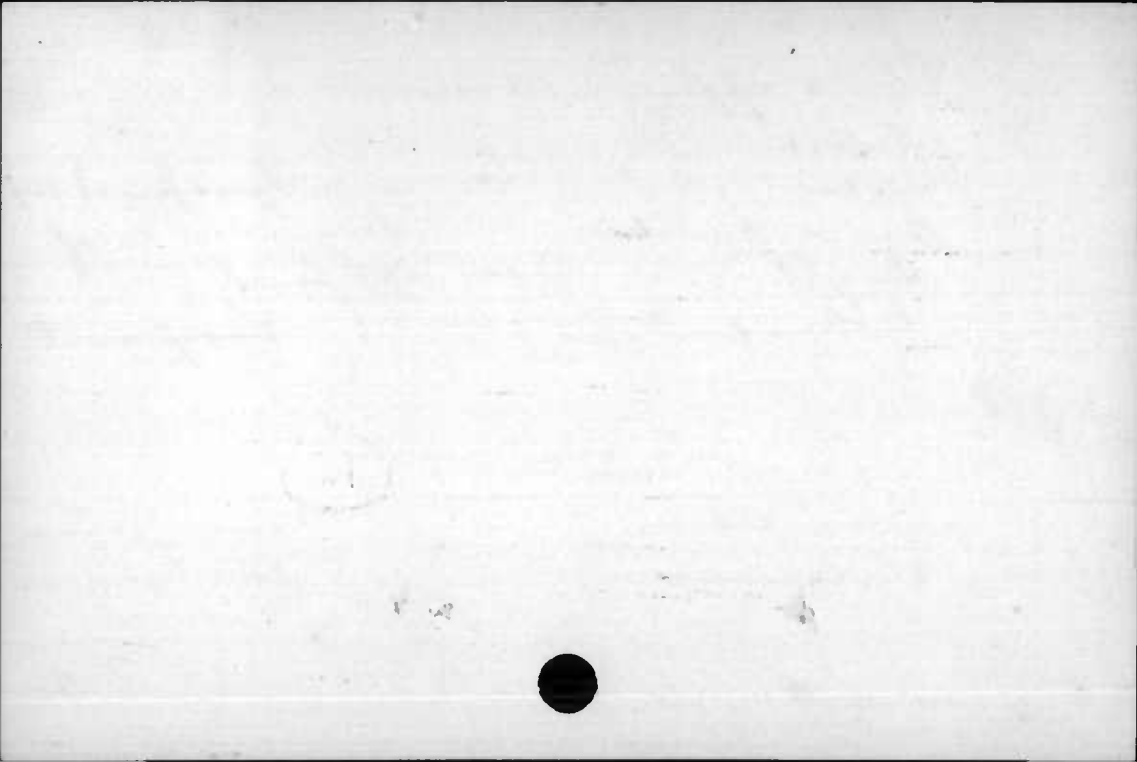
120

PHYSICIAN
OR CORONER

Primary	<i>Albuminuria</i>	How long	<i>Probably a year</i>
Immediate	<i>Inanition</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. W. Dickinson</i>
		Address	<i>Berlin Md</i>
Accident or Suicide?			



Name in Full		Leri James Brimmer.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Snow Hill</i>		County <i>Arreston</i>		MARYLAND	
	Date of death	1908	Month <i>Feb.</i>	Day <i>5-</i>	Age <i>68</i>	Months	Days
	Sex	<i>Male</i>		Color or Race	<i>A hit</i>		
	Occupation	<i>Shoemaker</i>		Where Residing if not at place of death	<i>Maryland</i>		
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Rachel Brimmer.</i>		
	Father's Name	<i>William Brimmer.</i>		Father's Birthplace	<i>Md.</i>		
	Mother's Maiden Name	<i>Eliza Davis</i>		Mother's Birthplace	<i>Md.</i>		
	Name of person giving information	<i>Ballie E. Jones.</i>		How related to deceased	<i>Sister</i>		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">10</div>							
PHYSICIAN OR CORONER	Primary	<i>Grip.</i>			How long	<i>1 week</i>	
	Immediate	<i>Pneumonia</i>			How long	<i>5 days</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<i>Paul Jones</i>		
				Address	<i>Snow Hill Md</i>		
Accident or Suicide?							



Name
in
Full

Coffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

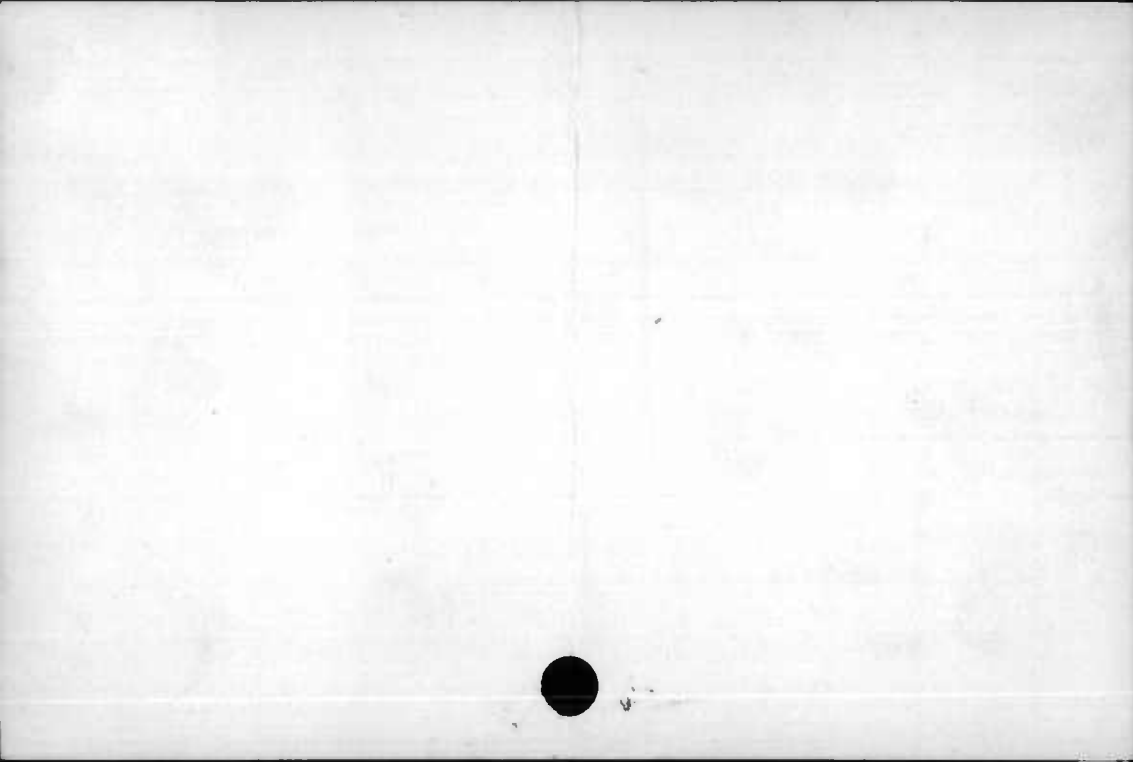
Died at <i>John S Coffin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	1908	Month	Feb	Day	2
Sex	Male	Color or Race	White	Age	
Occupation	House Painter	Where Residing if not at place of death	Ocean City - Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Rose Coffin		
Father's Name	Richard Coffin	Father's Birthplace	Synopuxet River		
Mother's Maiden Name	Annie Coffin	Mother's Birthplace	Bishopville		
Name of person giving information	Mrs J. J. Mayne		How related to deceased	Sister	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Two years
Immediate	Tuberculosis	How long	Two years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>H. Townsend</i>
		Address	Ocean City Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

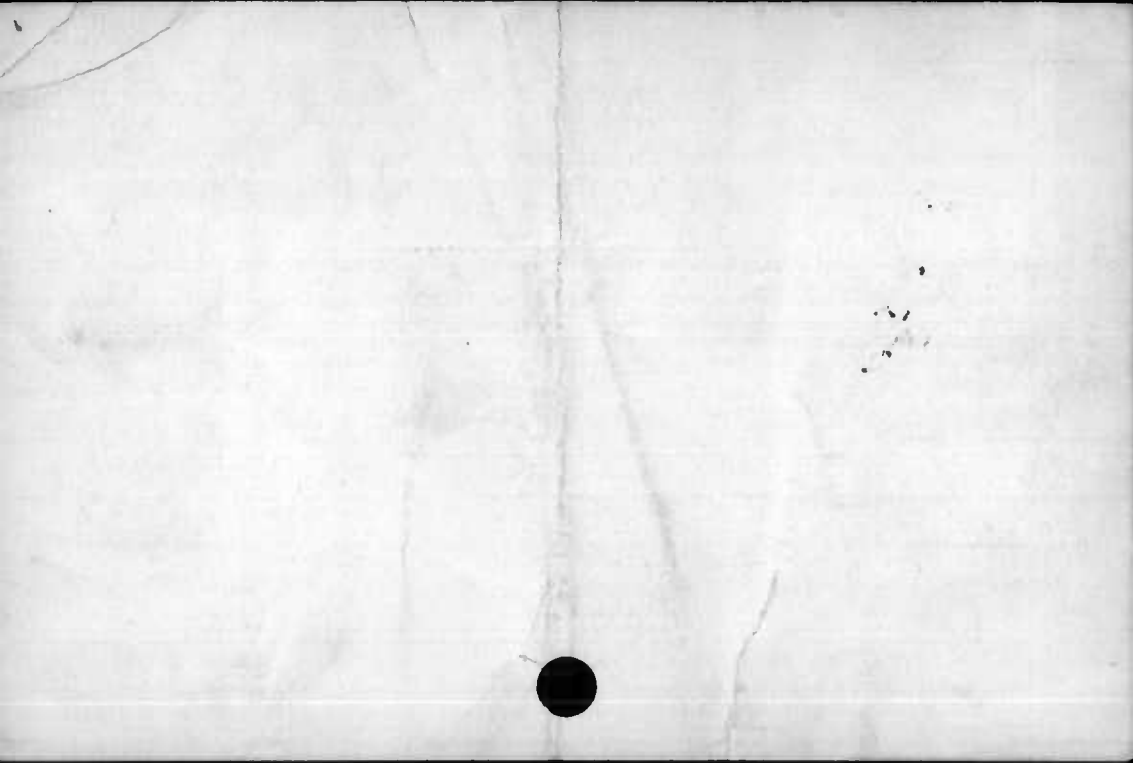
Died at <i>Ocean City</i> ^{Town}		<i>Harcent</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>25</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1 1/2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ocean City Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X X X X</i>			
Father's Name <i>Turner L. Cropper</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Minnie E. Cropper</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Turner L. Cropper</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>31 hours</i>
Immediate <i>Cerebral Haemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Baggett Md</i>
	Address <i>Ocean City Md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

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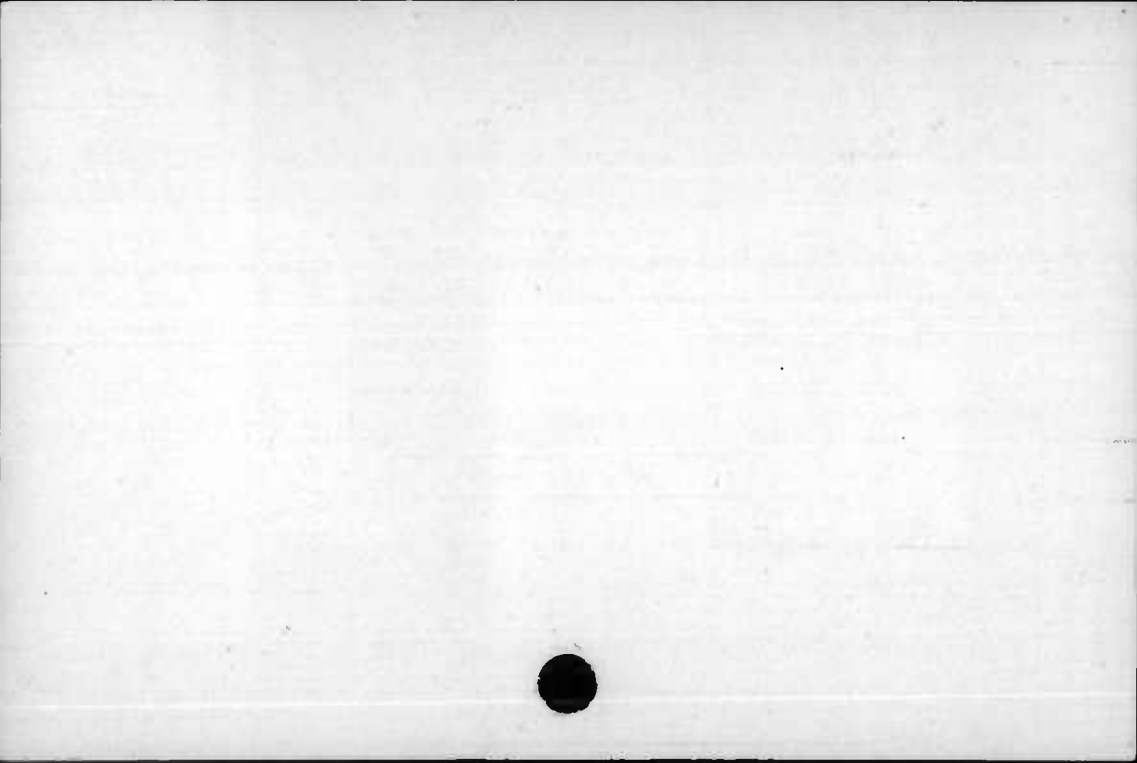
Died at <i>Surv Hill</i> ^{Town}		County <i>Howard</i>		MARYLAND			
Date of death	<i>1908</i>	Month <i>Feb.</i>	Day	Age <i>77</i>	Years <i>3</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>None</i>	Where Residing if not at place of death <i>at 6100 N. 10th</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Grancy Gray</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Miss. Lizzie Gray</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Dropsis</i>	How long <i>2 or 3 years</i>
Immediate <i>Gen. Debility</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.D. Grayson, M.D.</i>
	Address <i>Surv Hill. Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

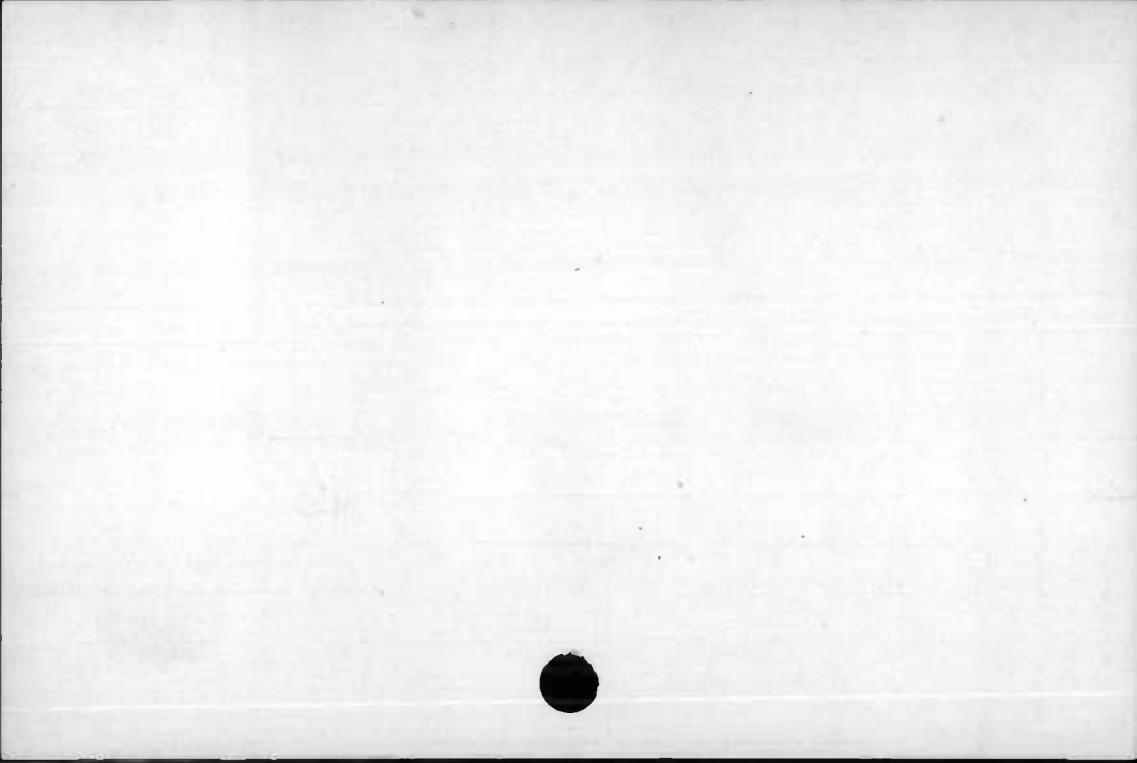
Died at <i>Bishopville</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>	Day <i>2nd</i>	Age <i>65</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Harmon</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Peter Mainblin</i>					
Father's Name <i>Don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace					
Name of person giving information <i>Paymaster H. Watson</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia & Gangrenous</i>		How long <i>Six months</i>	
Immediate <i>No</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Martin</i>	
		Address <i>Selbyville Del</i>	
Accident or Suicide?			



Name
in
Full

Mary Holden

CERTIFICATE OF DEATH

Died at <i>Her</i> ^{Town} <i>Pocomoke City</i> ^{County} <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	<i>Feb</i> ^{Month}	<i>18</i> ^{Day}	Age <i>43</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birthplace <i>Stockton, Tenn</i>	Months <i>-</i> Days <i>-</i>
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>-</i>		
Married; Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Callet Holden</i>		
Father's Name <i>Richard Holland</i>	Father's Birthplace <i>Stockton, Tenn</i>		
Mother's Maiden Name <i>Lina Taylor</i>	Mother's Birthplace <i>Stockton, Tenn</i>		
Name of person giving information <i>Callet Holden</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

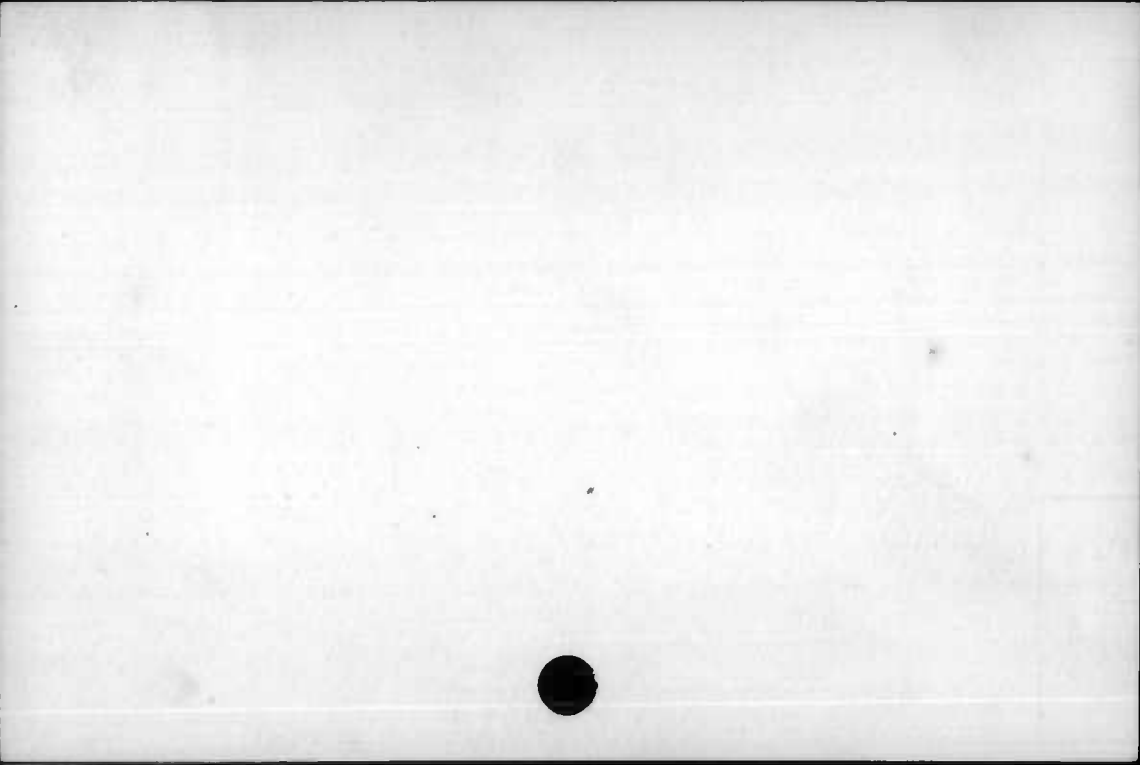
Signature of Physician

Address

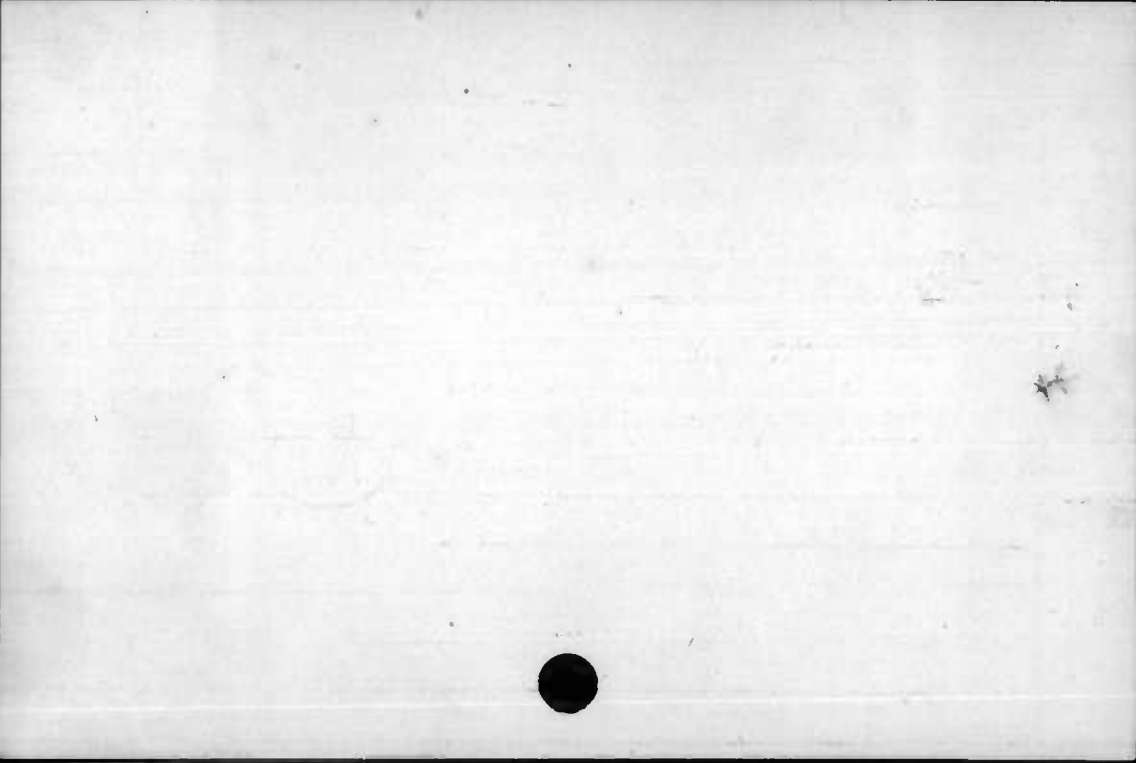
Rhett H. H.
Pocomoke City, Tenn

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Ellen Jane Holstein.		TOWN C. Charleston		COUNTY Monroe		STATE MARYLAND	
Died at C. Charleston		Date of death 1908 Feb 19		Age 83		Months 9	
Sex Female		Color or Race White		Birth-place Maryland		Days 	
Occupation House wife		Where Residing if not at place of death At place of death					
Married, Single or Widowed Widow		Name of Wife or Husband None					
Father's Name John Callagy		Father's Birthplace Ind.					
Mother's Maiden Name Orlly Callagy		Mother's Birthplace Ind.					
Name of person giving information A. S. Holstein		How related to deceased Son					
Free in wood yard		CAUSES OF DEATH		165			
Primary Dislocation of Left Shoulder		How long					
Immediate Gen. Debility		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. D. Stranglin, M.D.		Address Stone Hill, Ind.			
Accident or Suicide? No							



Name
in
Full

Henry Landring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

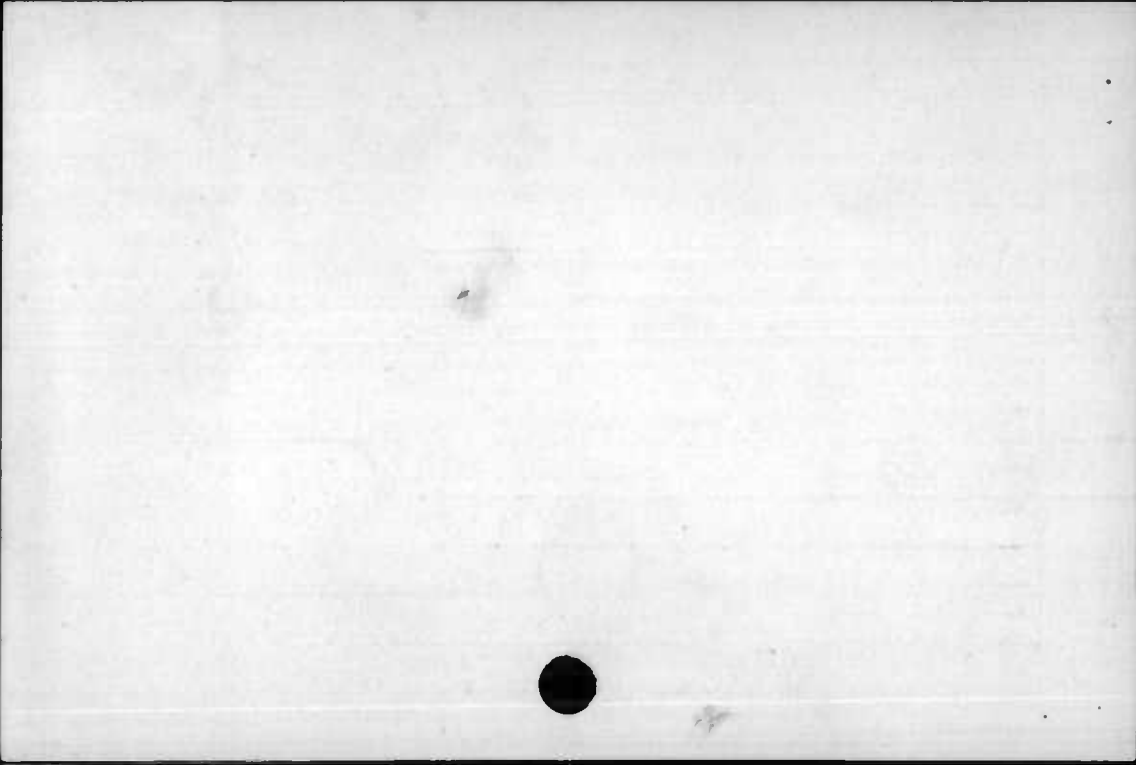
Died at <i>Pocomoke City</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>July</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>80</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Antonia</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <input checked="" type="checkbox"/>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving information <i>Clarence Minslow</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>Duration</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Reethall</i>
	Address <i>Pocomoke City, Md</i>
Accident or Suicide?	



Name

In Full

Henry Milbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>28</i>	Age <i>64</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>Blk</i>		Birth-place <i>Wor. Co. Md</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen Milbourne</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Mary Pruitt</i>			Mother's Birthplace <i>Wor. Co. Md</i>		
Name of person giving information <i>William Milbourne</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>"Grip"</i>	How long <i>One week</i>
Immediate <i>Heart failure</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

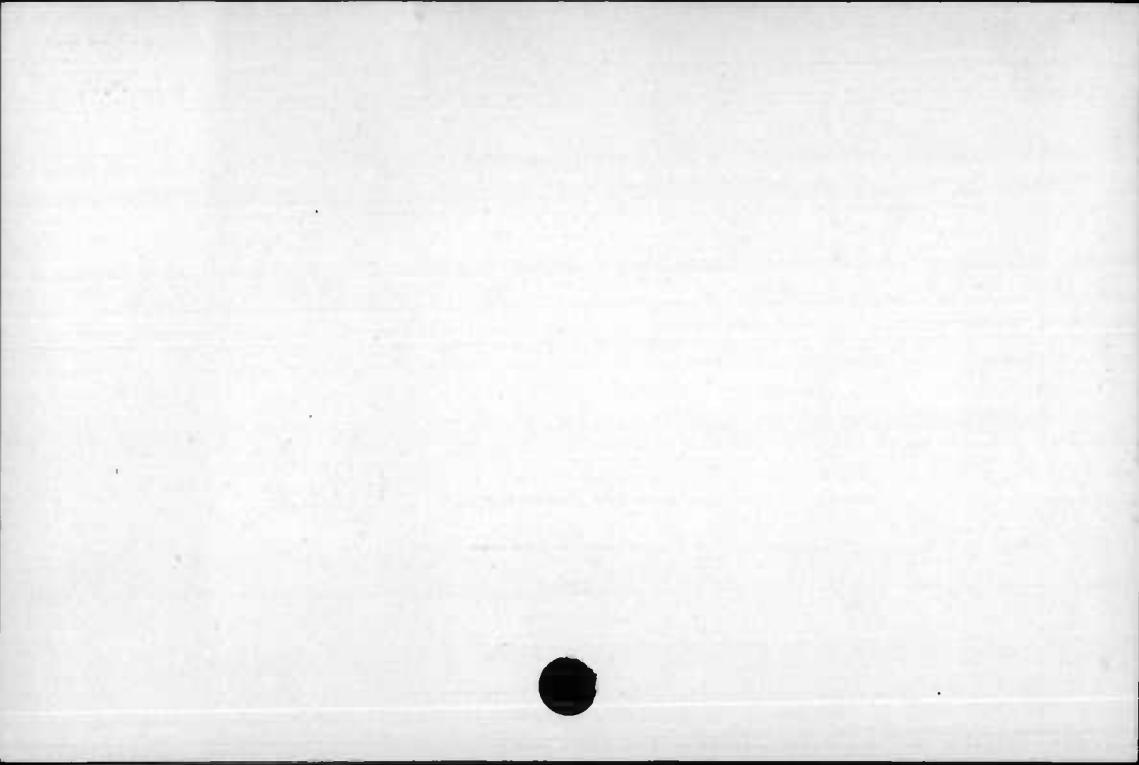
Name in Full <i>John B Morris</i>		Town <i>Bishop</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishop B. #1</i>		Month <i>Feb</i>		Day <i>22</i>		Years <i>68</i>	
Date of death <i>1908</i>		Months <i>22</i>		Days <i>68</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>St Charles</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A Morris</i>					
Father's Name <i>Levy Morris</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Folley Morris</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>Phyllis Watson</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long
Immediate <i>Heart Disease</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. Collins</i>
	Address <i>Bishopville</i>
Accident or Suicide? <i>No</i>	<i>Ma</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

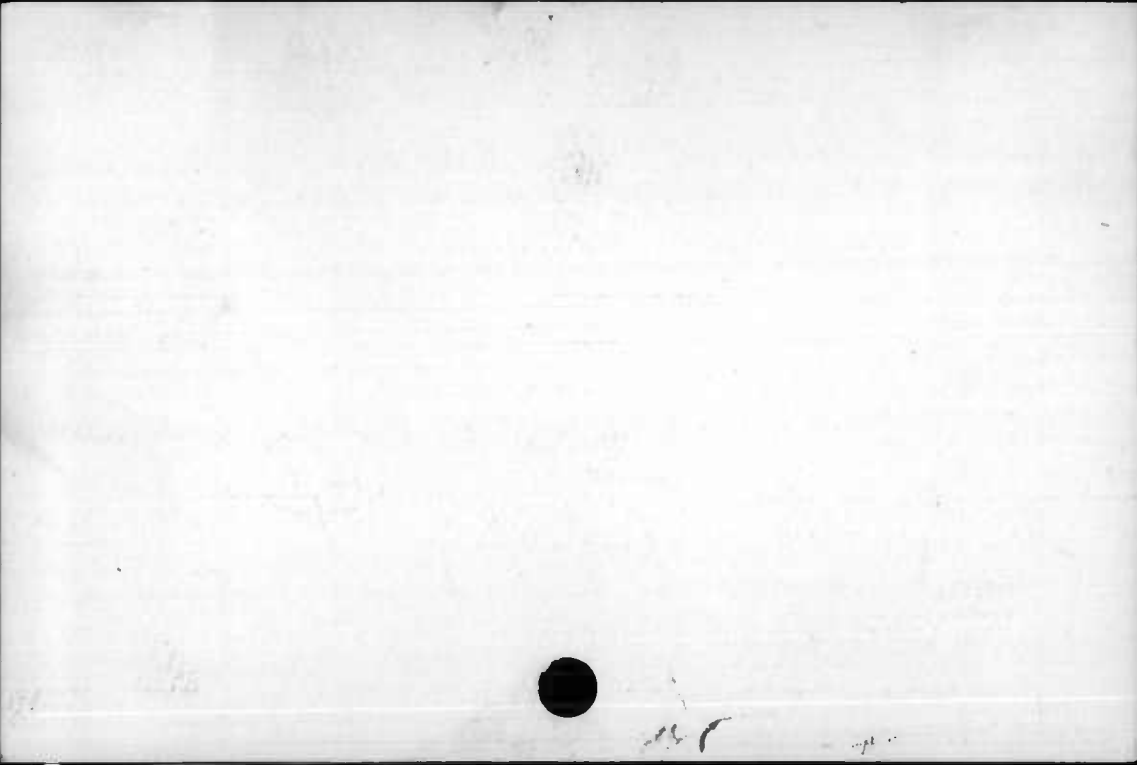
Died at <i>Town</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1908	Month	2	Day	11
Age		57		Months	
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation	Fisherman		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Addie Jones		
Father's Name	Don't know			Father's Birthplace	Unknown
Mother's Maiden Name	Mary Newton			Mother's Birthplace	Ind
Name of person giving information	John Fisher			How related to deceased	No

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	2 mrs
Immediate	Heart failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. S. Follen
		Address	Berlin, Md
Accident or Suicide? <u>No</u>			



Name
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Full

Clayton J. Purcell

CERTIFICATE OF DEATH

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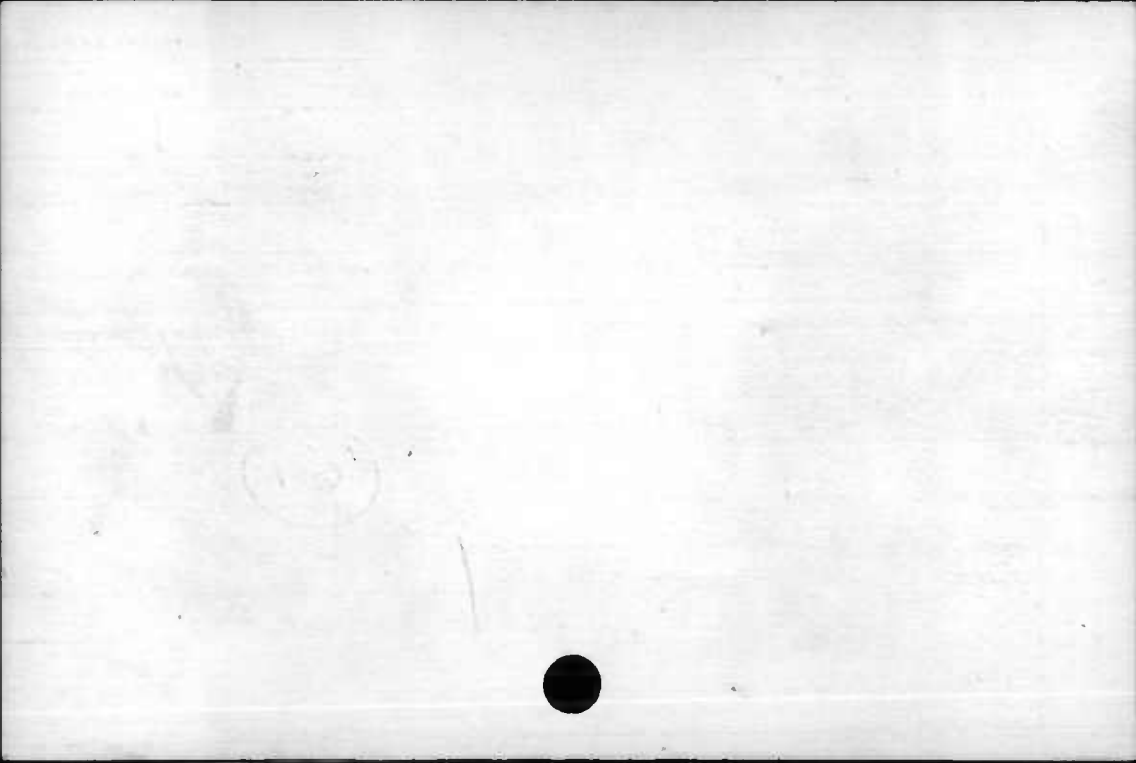
Died at <i>Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	190 <i>8</i> Month <i>Feb</i>	Day <i>10</i>	Age <i>52</i> Years	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Maryland</i>			
Occupation <i>Lawyer</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fella H. Purcell</i>				
Father's Name <i>John M. Purcell</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah R. Leonard</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Thos. M. Purcell</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>W. D. Thayer</i>	Address <i>Snow Hill. Md.</i>
Accident or Suicide	



Name
in
Full

Julie Purnell

CERTIFICATE OF DEATH

Died at *Berlin* TownCounty *Worcester*

MARYLAND

Date of death *1908* Month *Feb*Day *20*Age *68* YearsMonths *—*Days *—*Sex *Female*Color or
Race*Black*Birth-
place*Maryland*

Occupation

*Laundress & Nurse*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Lemuel Purnell*Father's
Name*Abner Leathis*Father's
Birthplace*Maryland*Mother's
Maiden Name*Larah Leathis*Mother's
Birthplace*Maryland*Name of person giving
In formation*Isaac Tammitt +*How related
to deceased*Brother*

CAUSES OF DEATH

64

Primary

Cerebral Apoplexy

How long

Immediate

Debility following

How long

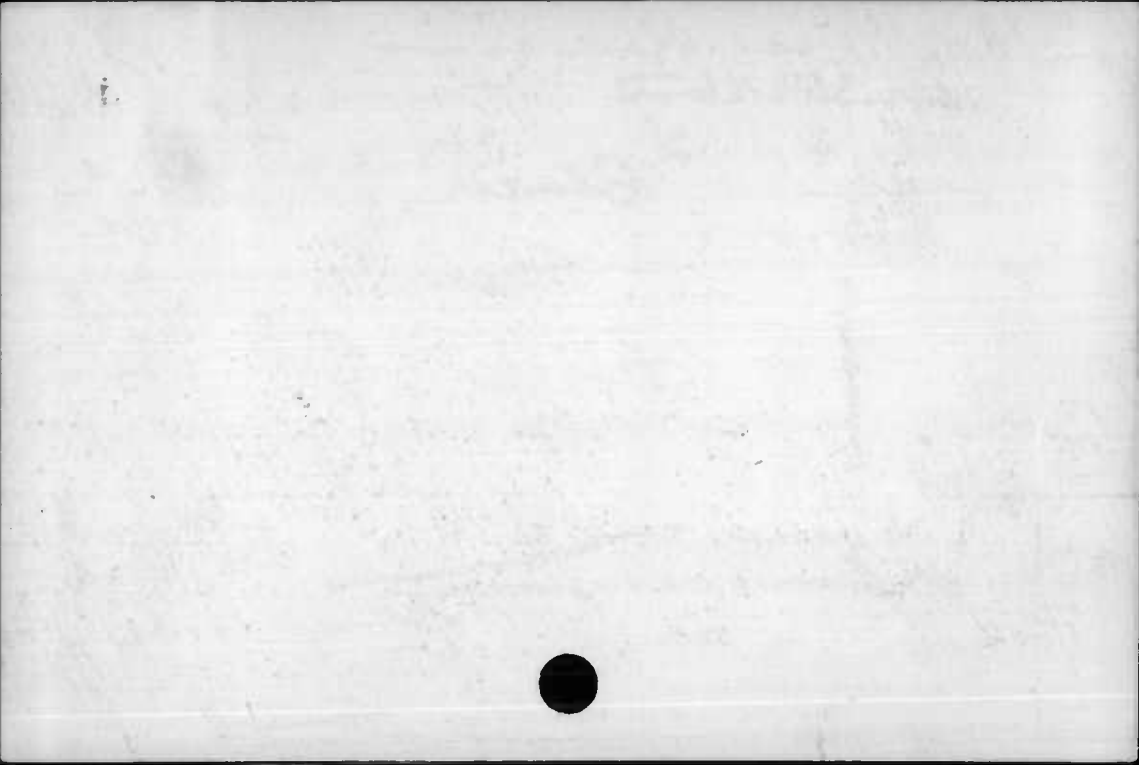
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. Drickson*

Address

*Berlin
Md*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*H*



Name
In
Full

CERTIFICATE OF DEATH

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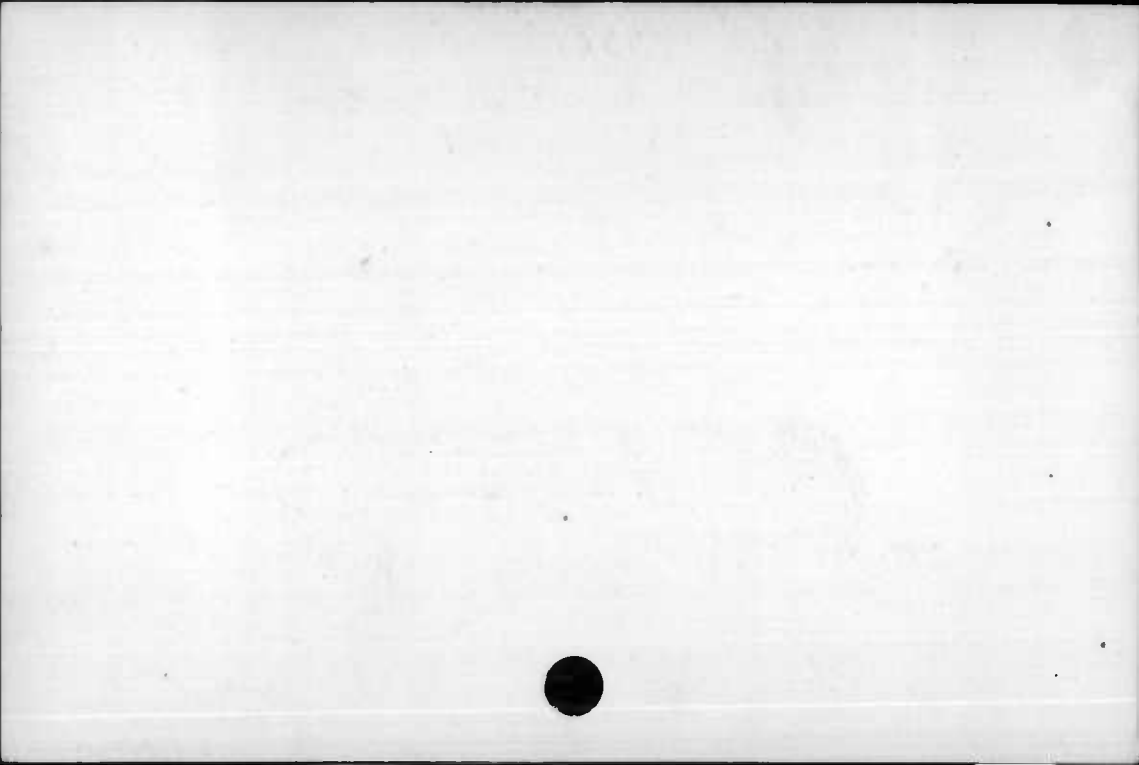
Name In Full <i>Hermie Redden</i>		Town <i>near Stockton</i>		County <i>Worcester</i>		A MARYLAND	
Died at <i>near Stockton</i>		Month <i>2</i>		Day <i>3</i>		Years <i>62</i>	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>3</i>		Years <i>62</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>md</i>					
Married Single or Widowed		Name of Wife or Husband <i>Peter Donahon</i>					
Father's Name <i>Stephen Dennis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Chapman</i>		Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>John H. Purnell</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Blow running</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stockton Worcester Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i>		Town		County <i>Worashu-</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>2</i>		Day <i>3</i>		Age <i>66</i>	
Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>Ind</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>Levin Henry</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Lobby Russell</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Frank Russell</i>		How related to deceased <i>Bro</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Albunious Cardiac dilation</i>	How long	<i>1 year</i>
Immediate	<i>Dr. J. J. J.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>W. J. J. J.</i>
		Address	<i>Bethesda</i>
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

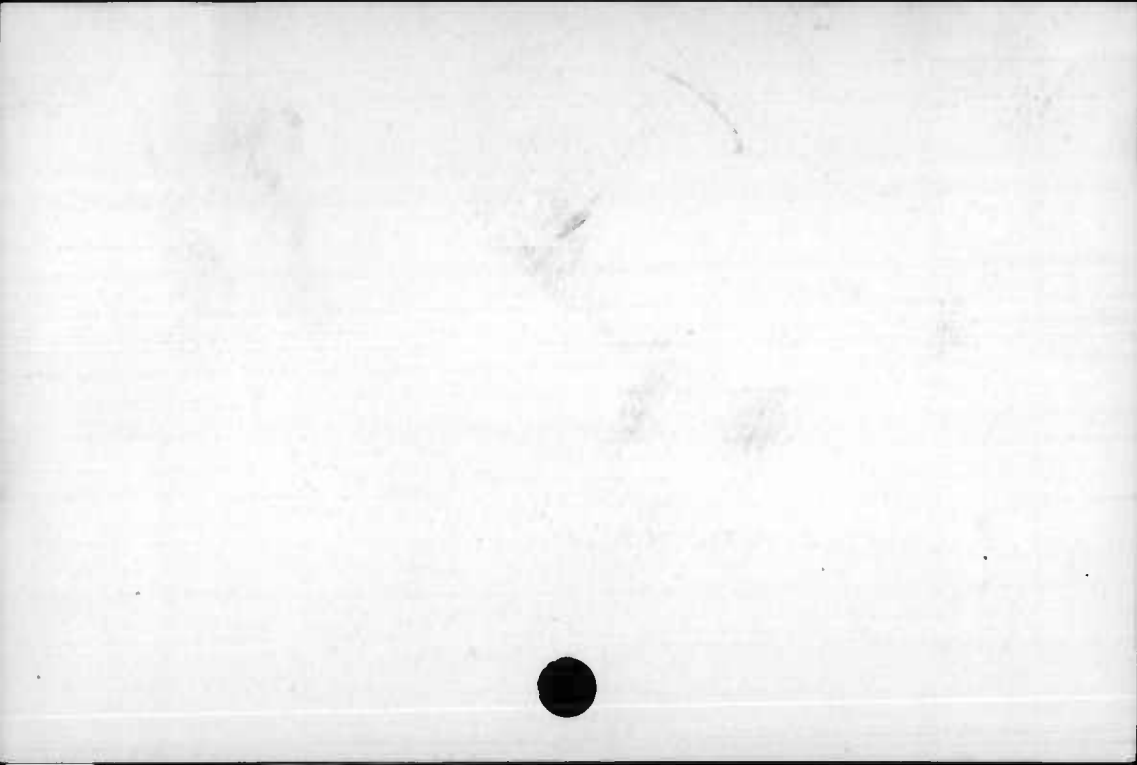
Died at <i>Infant</i> Town <i>Lafayette</i>			County <i>Scott Worcester</i>			MARYLAND			
Date of death	1908	Month	2	Day	17	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>			Birth-place	<i>Ind</i>	
Occupation					Where Residing if not at place of death				
Married, Single or Widowed					Name of Wife or Husband				
Father's Name					Father's Birthplace				
Mother's Maiden Name					Mother's Birthplace				
Name of person giving information					How related to deceased				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Strom</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Feb.</i> <small>Day</small>		Age <i>75</i> <small>Years</small>		Months <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Priscie Selby</i>			
Father's Name <i>James Selby</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Matilda Selby</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Priscilla Lambford</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill MD</i>
Accident or Suicide?	



Name

in
Full

Emily J. Grwith

CERTIFICATE OF DEATH

Died at ^{Town} Box Iron^{County} Worcester

MARYLAND

Date of death 1908 Feb. 17

Age 27

Months 10

Days 0

Sex Female

Color or Race White

Birth-place Box Iron.

Occupation House-wife

Where Residing if not at place of death At place of death

Married, Single or Widowed Married

Name of Wife or Husband Capt. Wm L. Grwith

Father's Name Thos. H. Griffith

Father's Birthplace Don't know

Mother's Maiden Name Mary Richardson

Mother's Birthplace Box Iron

Name of person giving information Capt. Wm L. Grwith

How related to deceased Husband

CAUSES OF DEATH

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Primary Bilinary Abscess

How long Don't know

Immediate Bilinary Abscess

How long Don't know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. D. Stoughton

Address Iron Hill, Md.

Accident or Suicide? Neither.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

Martha Gaskins Watts.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

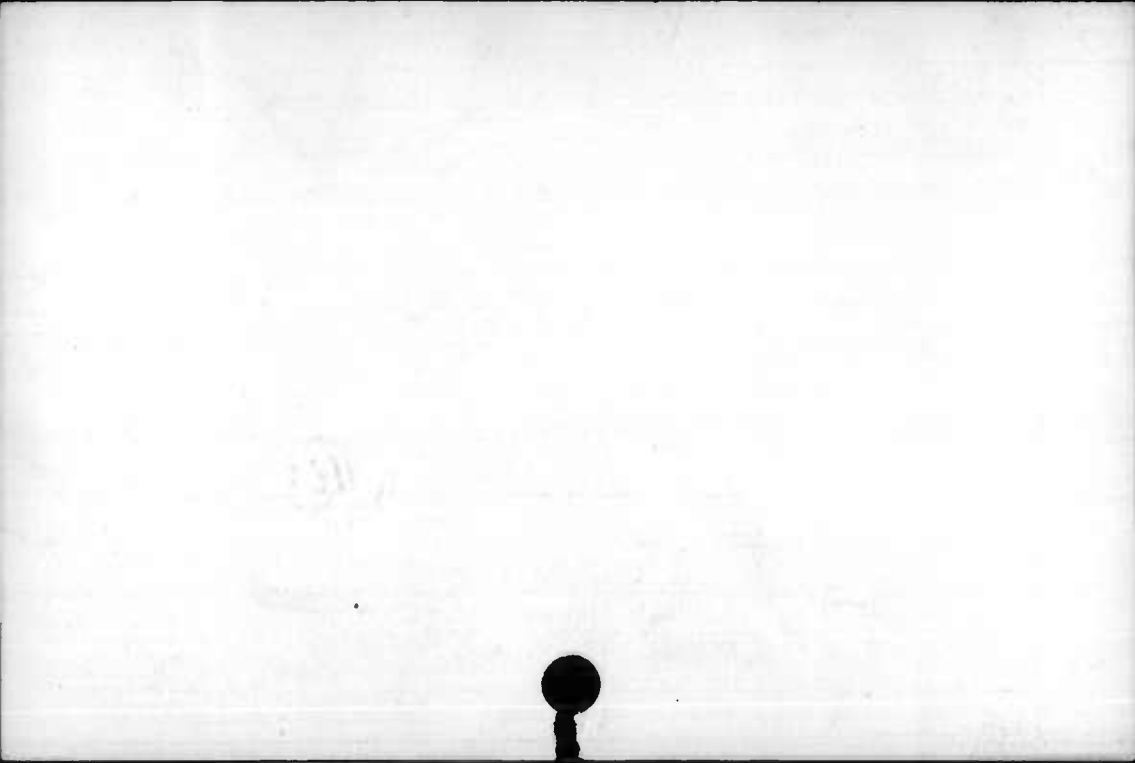
Died at <i>Stockton</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1908	Month	February	Day	13 th
		Years	71	Months	5
		Days	19		
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Northumberland Co. Va</i>				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Urbane Watts</i>	
Father's Name	<i>Peter L. Hull</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Jane Love Moore</i>			Mother's Birthplace	<i>Virginia</i>
Name of person giving information	<i>Eugene W. Pruitt</i>			How related to deceased	<i>Grandson</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>4 days</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John D. Dickerson</i>
		Address	<i>Stockton</i>
Accident or Suicide?	<i>Worcester</i>		



Name
in
Full

Hester Wright -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>26</u>	Age <u>62</u>	Years <u>62</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>md</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>md</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John Rowley</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Susan Harmon</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Dr. Redman</u>	How related to deceased <u>Son in Law</u>				

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary <u>Pralysia</u>	How long <u>3 months</u>
Immediate <u>Heart failure</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. O. Payne Jr</u>
	Address <u>Local Health Officer</u>
Accident or Suicide?	

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